

County: Outagamie
MANORCARE HEALTH SERVICES
1335 S ONEIDA ST

Facility ID: 1080

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APPLETON 54915 Phone:(920) 731-6646
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 104
Total Licensed Bed Capacity (12/31/04): 104
Number of Residents on 12/31/04: 97

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 97

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.0
Supp. Home Care-Personal Care	No					1 - 4 Years		41.2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	15.5	More Than 4 Years		26.8
Day Services	No	Mental Illness (Org./Psy)	12.4	65 - 74	13.4			-----
Respite Care	No	Mental Illness (Other)	3.1	75 - 84	24.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.1	95 & Over	8.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.4	65 & Over	84.5	-----		
Transportation	No	Cerebrovascular	12.4		-----	RNs		10.3
Referral Service	No	Diabetes	1.0	Gender	%	LPNs		9.6
Other Services	No	Respiratory	7.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.0	Male	40.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	59.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	1	2.0	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0	
Skilled Care	18	100.0	314	46	93.9	114	12	100.0	125	16	100.0	174	0	0.0	0	2	100.0	340	94	96.9	
Intermediate	---	---	---	2	4.1	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	18	100.0		49	100.0		12	100.0		16	100.0		0	0.0		2	100.0		97	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.6	Bathing	0.0	85.6	14.4	97
Private Home/With Home Health	0.5	Dressing	7.2	78.4	14.4	97
Other Nursing Homes	2.3	Transferring	16.5	59.8	23.7	97
Acute Care Hospitals	92.7	Toilet Use	13.4	58.8	27.8	97
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.8	29.9	9.3	97
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.9					
Total Number of Admissions	220	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.3		Receiving Respiratory Care	7.2
Private Home/No Home Health	30.2	Occ/Freq. Incontinent of Bladder	41.2		Receiving Tracheostomy Care	3.1
Private Home/With Home Health	4.0	Occ/Freq. Incontinent of Bowel	5.2		Receiving Suctioning	2.1
Other Nursing Homes	4.0				Receiving Ostomy Care	1.0
Acute Care Hospitals	36.0	Mobility			Receiving Tube Feeding	3.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.1		Receiving Mechanically Altered Diets	19.6
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	6.2	Skin Care			Have Advance Directives	42.3
Deaths	19.6	With Pressure Sores	3.1		Medications	
Total Number of Discharges		With Rashes	16.5		Receiving Psychoactive Drugs	4.1
(Including Deaths)	225					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	88.5	1.05	90.2	1.03	90.5	1.03	88.8	1.05
Current Residents from In-County	66.0	80.0	0.82	82.9	0.80	82.4	0.80	77.4	0.85
Admissions from In-County, Still Residing	8.6	17.8	0.48	19.7	0.44	20.0	0.43	19.4	0.45
Admissions/Average Daily Census	226.8	184.7	1.23	169.5	1.34	156.2	1.45	146.5	1.55
Discharges/Average Daily Census	232.0	188.6	1.23	170.5	1.36	158.4	1.46	148.0	1.57
Discharges To Private Residence/Average Daily Census	79.4	86.2	0.92	77.4	1.03	72.4	1.10	66.9	1.19
Residents Receiving Skilled Care	97.9	95.3	1.03	95.4	1.03	94.7	1.03	89.9	1.09
Residents Aged 65 and Older	84.5	92.4	0.91	91.4	0.93	91.8	0.92	87.9	0.96
Title 19 (Medicaid) Funded Residents	50.5	62.9	0.80	62.5	0.81	62.7	0.81	66.1	0.76
Private Pay Funded Residents	16.5	20.3	0.81	21.7	0.76	23.3	0.71	20.6	0.80
Developmentally Disabled Residents	1.0	0.9	1.16	0.9	1.09	1.1	0.92	6.0	0.17
Mentally Ill Residents	15.5	31.7	0.49	36.8	0.42	37.3	0.41	33.6	0.46
General Medical Service Residents	32.0	21.2	1.51	19.6	1.63	20.4	1.56	21.1	1.52
Impaired ADL (Mean)	49.5	48.6	1.02	48.8	1.01	48.8	1.01	49.4	1.00
Psychological Problems	4.1	56.4	0.07	57.5	0.07	59.4	0.07	57.7	0.07
Nursing Care Required (Mean)	7.0	6.7	1.04	6.7	1.04	6.9	1.01	7.4	0.94